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Designing Work, Family & Health Organizational Change Initiatives☆,☆☆

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EACH PERSON HAS THE SUPPORT THEY NEED TO HAVE CONTROL OVER THEIR WORK AND LIFE, AS LONG AS THE WORK GETS DONE

What if all workplaces were designed to change organizational cultures and the structure of work to truly support employees' work and family needs and reduce conflicts? How can employers and researchers create initiatives to improve employment settings to prevent work–family conflict and burnout? Despite a burgeoning literature and the proliferation of work–life consultants and policies, work–family research has had relatively limited impact on how work is managed in many companies today. Yet work–family and personal life conflicts and stress are growing management and public health concerns that impact employees, employers, and families across the globe.

Work–family conflict (from work to families and from families to work) is an increasingly critical issue in today's workplace. It has been consistently linked to adverse mental, behavioral, and physical health outcomes, including cardiovascular disease risk, sleep quality, depressive symptoms, burnout, workplace safety, obesity, and addictive behaviors (i.e., smoking and alcohol use). Work–family conflicts are also related to employee productivity, turnover, absenteeism, well-being, and engagement.

Despite the importance of work–family conflict for health and productivity, researcher-organizational partnerships have not fostered major change in practice. Poor quality studies have weakened the business case. For example, many studies simply compare workers with and without work–family conflict, overlooking evaluation how the design of workplaces may be fostering conflict. Or policies are introduced with poor implementation such as weak linkage to work procedures, career systems, or management practice. These gaps have resulted in limited employer evidence for prioritizing systemic reduction in work–family conflict in the way work is organized. It has also slowed the diffusion of evidence-based practice.

Employers need to use best practice approaches, such as randomized control trials (use of control and experimental groups) of interventions aimed at preventing or reducing work–family conflict in order to foster healthy workplaces. Top management needs to take an active role in preventing work–family stress in how work is managed and organized.

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Reviews published by the authors of this article in the *Academy of Management Annals* and *Personnel Psychology* underscore the need for organizational interventions specifically focusing on job stress and improving relationships between work and employees' family and personal lives. While rigorous change partnerships are clearly needed, how do leaders and scholars go about designing and implementing them?

OBJECTIVES

In this paper, we describe the development of the most comprehensive work—family organizational change initiative to date in the United States. Our goal is to share an in-depth case study with examples and critical lessons that emerged. We draw on our years of experience working with major employers from two industries representative of today's workforce (health care and IT professionals). Employers and applied researchers can draw on this study and lessons to create, customize, and deliver evidence-based interventions to improve work, family and health.

THE WORK, FAMILY AND HEALTH NETWORK INTERVENTION

The Work, Family and Health Intervention is a comprehensive multi-faceted organizational intervention that is designed to foster a healthy psychosocial work environment by preventing stressors in the organization of the workplace that can lead to work—family conflict.

A national interdisciplinary team of researchers developed the intervention. The Work Family and Health Network (WFHN) is a collaboration of scholars with backgrounds in public health, medicine, family studies, organizational psychology, occupational health psychology, sociology, economics and many other fields. The intervention benefited from having multiple disciplinary scientific perspectives on contemporary work—family conflict challenges. It also was informed by employee and employer advisory groups providing practical stakeholder input.

Below we describe a series of pilot studies conducted to evaluate the effectiveness of intervention components. To create adaptive design, we also assessed the contextual influences on work—family conflict across the health care and IT (information technology) industries. We describe the key intervention features and design stages, followed by the seven principles that emerged (see Table 1 for a summary with examples), as a template for work—life intervention research and practice.

This intervention is innovative, as it is designed to proactively change work conditions to reduce work—family conflict. Traditionally, most work—life policies and practices are reactive, ad hoc, or stigmatize employees with work—life stresses. Typically they are viewed as an individual accommodation, not mainstream work practice. They do not preemptively eliminate the stress caused by work—family conflict in the general work environment of all workers across an entire organization.

KEY INTERVENTION COMPONENTS FROM PILOT STUDIES

Early pilot studies were useful for identifying whether key factors identified as important in the work—family literature could be delivered in different occupations. The first is to increase employees' control over their work schedules and a focus on results, not time. The second is to increase work—family specific social support through supervisor behavior training.

Schedule control and results orientation. One set of studies led by sociologists Erin Kelly and Phyllis Moen at the University of Minnesota focused on a natural experiment. They examined a corporate-led initiative called ''ROWE'' (Results Oriented Work Environment) targeting professionals at Best Buy's headquarters in Minneapolis. ROWE aimed at increasing employees' control over their work time and fostering team-level job redesign keying in on results, not time spent in meetings or at the office. This is considered a ''natural'' experiment because ROWE would have occurred whether or not the researchers studied it.

The researchers chose to assess the effects of ROWE because it aligned with concepts developed by seminal job stress researchers Robert Karasek and Tores Theorell on the importance of employees' job control, for health. The researchers extended this concept to control over time. The pilot studies showed that work teams following ROWE practices had higher schedule control, lower work—family conflict, lower turnover intentions, and improved health behaviors, than other teams.

Work—family specific social support through supervisor behavior training. The other main intervention pilot study was led by Leslie Hammer of Portland State University and Ellen Ernst Kossek of Michigan State University (now at Purdue University). The researchers partnered with Spartan Stores in Michigan and Ohio to develop, validate, and evaluate the Family Supportive Supervisor Behavior (FSSB) training and self-monitoring intervention.

The self-paced, computer-based and behavioral self-monitoring intervention was designed to increase supervisors' level of family supportive supervisor behaviors. Seminal theorists Sheldon Cohen and Thomas Wills suggest increased social support perceptions have positive psychological, well-being and performance effects. The researchers operationalized behaviors indicative of manager social support for family and non-work roles.

Behavioral science researchers W. Kent Anger and Ryan Olson at Oregon Health Sciences collaborated on the development of the FSSB training. The content was based on ratings of employee experience with four supervisor behaviors that was validated in another study led by Hammer and Kossek. They are:

- **Instrumental** — behaviors helping workers manage schedules and working with employees to solve schedule conflicts. For example, helping an employee find a replacement, if absent.
- **Emotional** — behaviors demonstrating a worker is being cared for, and their feelings are being considered. For example, increasing face-to-face contact with